

IFW

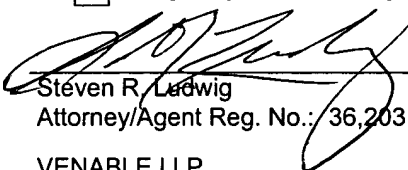
FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	10/528,806/Conf. #6218	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 14, 2005	
		First Named Inventor	Jan Menne	
		Examiner Name	To Be Assigned	
TOTAL AMOUNT OF PAYMENT		Art Unit	1614	
(\$)		0.00	Attorney Docket No.	37998-237159

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261
	Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
	- 20 =	x	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
	- 3 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,203
Name (Print/Type)	Steven R. Ludwig	Telephone	(202) 344-4000
		Date	October 5, 2006



AMENDMENT TRANSMITTAL LETTER				Docket No. 37998-237159	
Application No. 10/528,806/Conf. # 6218	Filing Date June 14, 2005	Examiner To be assigned	Art Unit 1614		
Applicant(s): MENNE et al.					
Invention: INHIBITION OF PROTEIN KINASE C ALPHA FOR THE TREATMENT OF CARDIOVASCULAR DISEASES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is a preliminary amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	60	- 60 =	0	x 50.00	0.00
Independent Claims	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0261</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Steven R. Ludwig Attorney/Agent Reg. No.: 36,203 VENABLE LLP P.O. Box 34385 Washington, DC 20043-9998 (202) 344-4000				Dated: <u>October 5, 2006</u>	



Docket No.: 37998/237159
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
MENNE et al.

Art Unit: 1614

Application No: 10/528,806

Examiner: Not Yet Assigned

Confirmation No: 6218

Filed: June 14, 2005

Atty. Docket No: 37998/237159

For: INHIBITION OF PROTEIN KINASE C
ALPHA FOR THE TREATMENT OF
CARDIOVASCULAR DISEASES (As
Amended)

Customer No:

26694

26694

PATENT TRADEMARK OFFICE

THIRD PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.